

# Recovery Support Services In Utah

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# Who We Serve In Treatment

## Substance Use Disorder

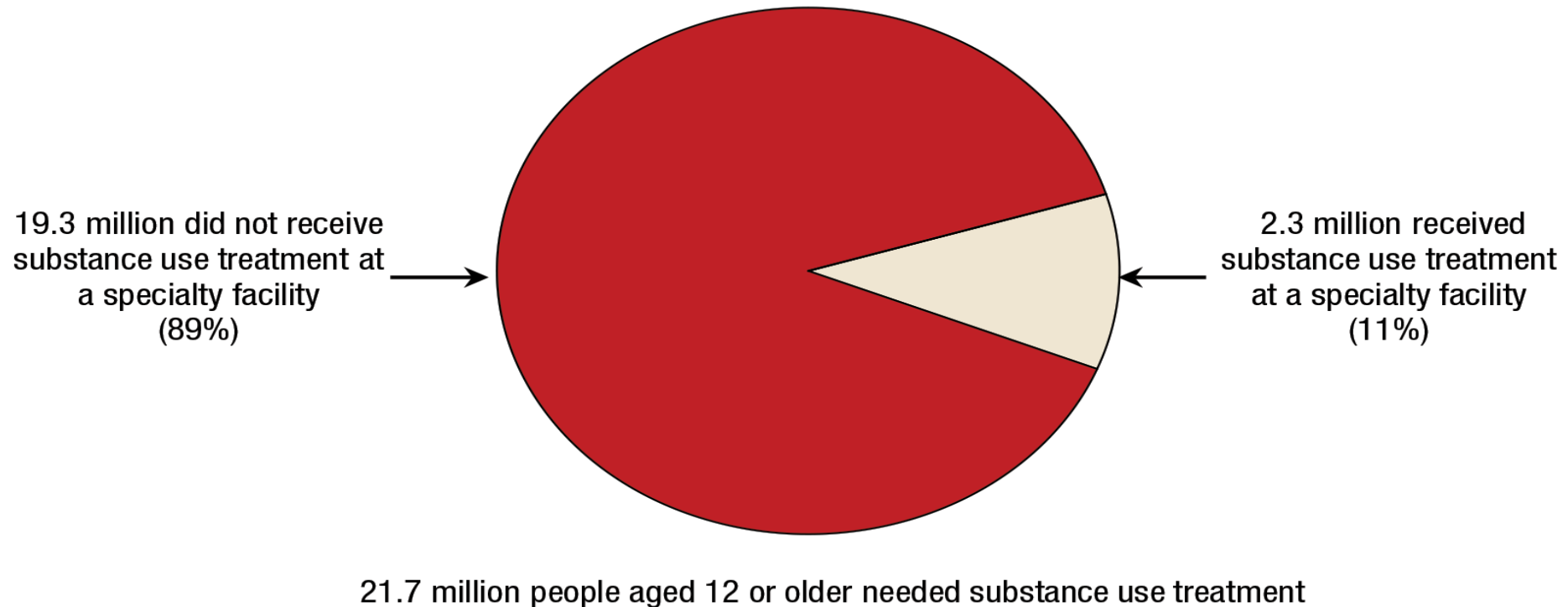
- 1,002 Youth; 15,222 Adults
- 86% below Federal Poverty Level
- Urban: 73%, Rural: 27%
- Male: 61%, Female: 39%
- Largest Referral Source - Courts
- Medicaid: 30%
- Justice Involved Clients - 79%
- Opioid Use Disorder - 41%

## Mental Health

- 21, 142 Children/Youth; 35,296 Adults
- 89% Below Federal Poverty Level
- Urban 69%; Rural 31%
- Male: 48%, Female 52%
- Largest Referral Source - Self
- Medicaid: 56%
- Adult Supported Employment - 1,550
- Youth/School Based Services - 22%

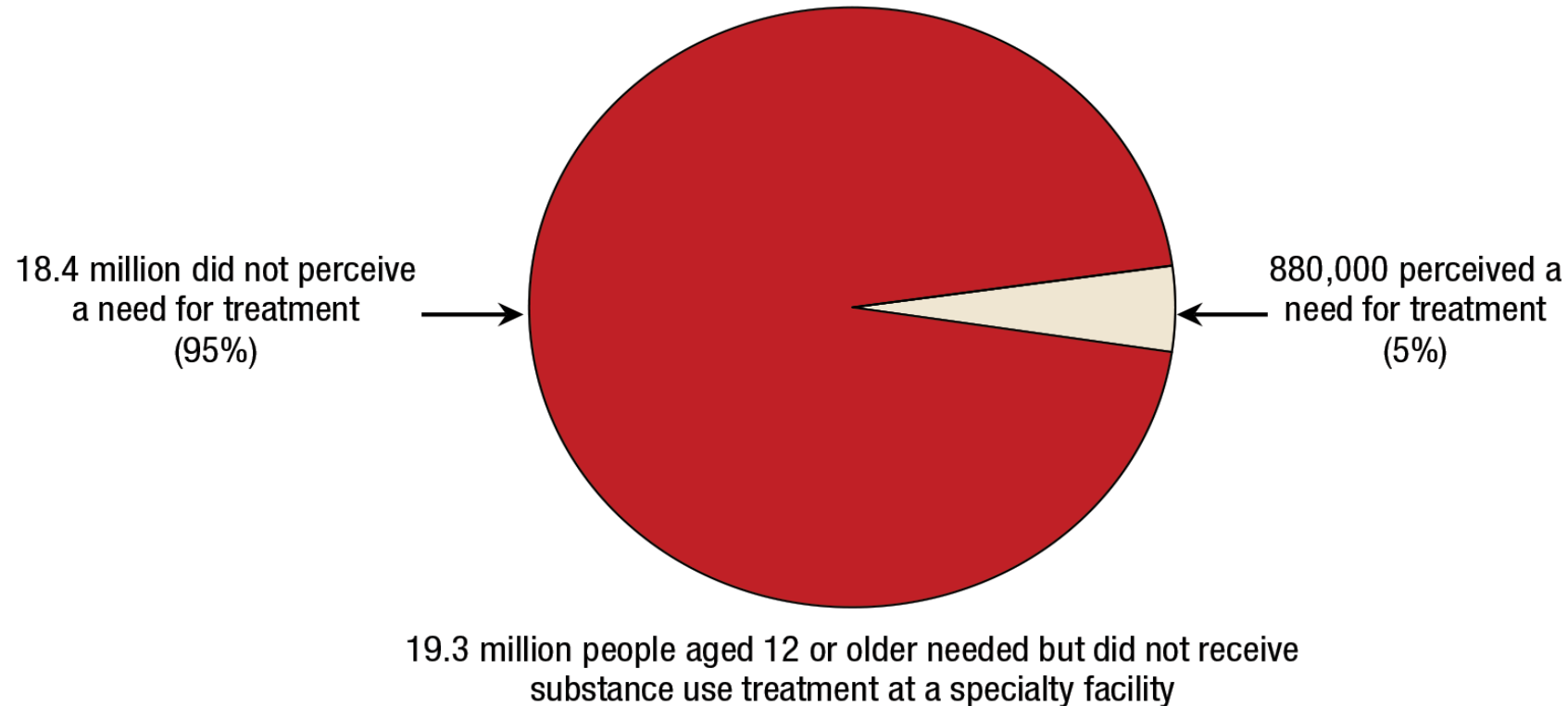


# Receipt of SUD Treatment at a Specialty Facility in the past year among people 12 or older who needed SUD Treatment -2015



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2015.

## Perceived need for substance use treatment among people aged 12 or older who needed but did not receive substance use treatment in the past year: 2015



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2015

# Reasons for Treatment Gap

- 39 percent could not afford it or did not have health insurance.
- 29 percent were not ready to stop using drugs.
- 18 percent feared a negative opinion from neighbors or the community.
- 17 percent feared it would affect work.
- 14 percent did not know where to find help.
- 8 percent did not think they needed help

2014 National Survey on Drug Use and Health

# Recovery

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential (SAMHSA, 2012)

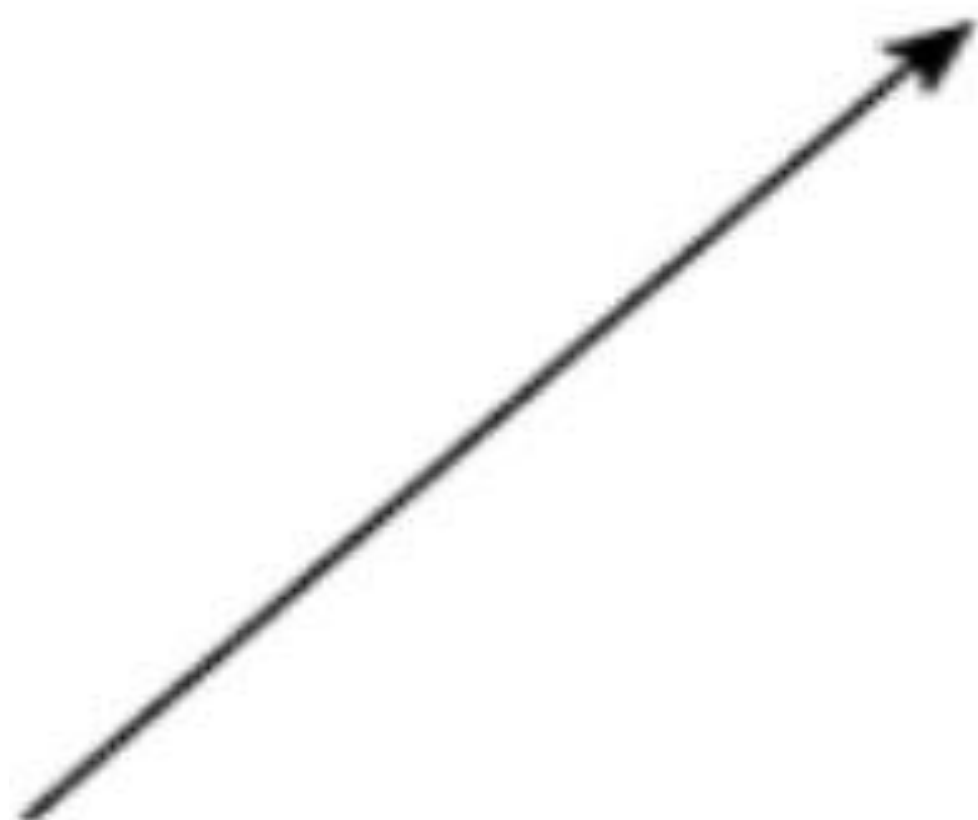
## SAMHSA - Four elements of recovery:

- **Health**—overcoming or managing one's disease(s)
- **Home**—having a stable and safe place to live.
- **Purpose**—conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.
- **Community**—having relationships and social networks that provide support, friendship, love, and hope.

# Chronic Diseases Need Chronic Care

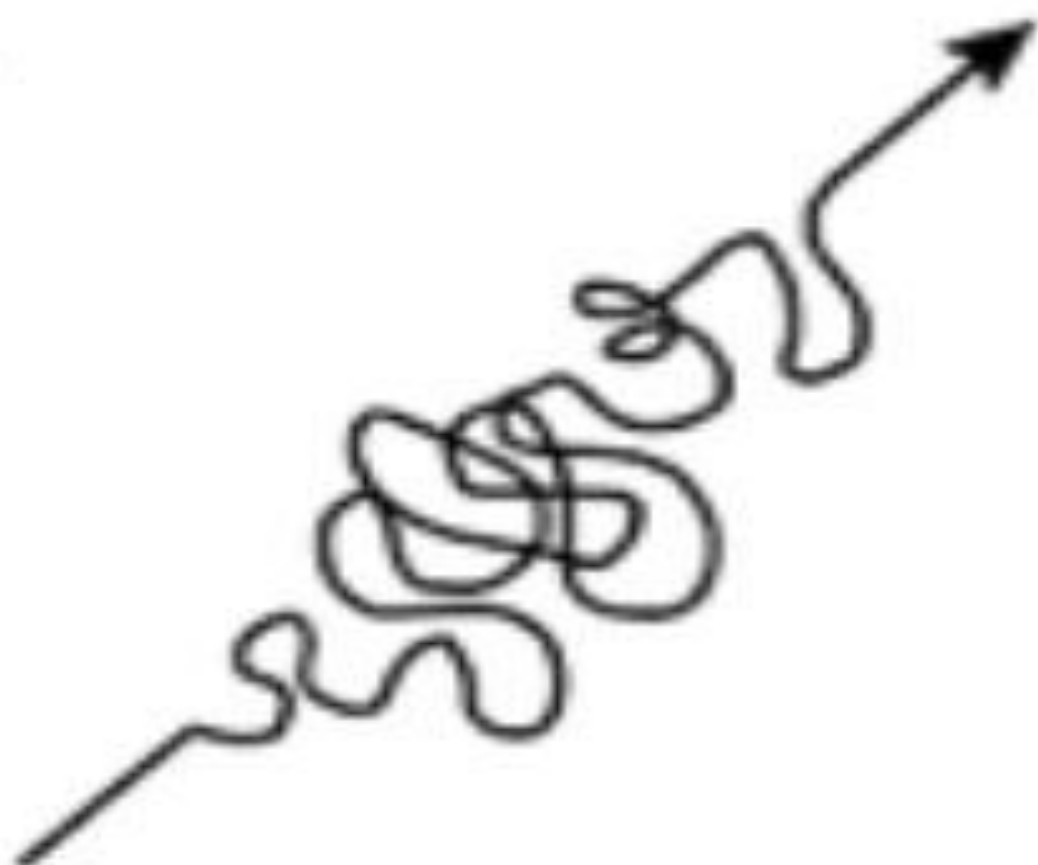
- Addiction is not cured but remission can be achieved (and maintained) with treatment and ongoing multidisciplinary care.
- Recovery Support Services (RSS) - non-clinical substance use disorder services designed to engage and maximize the opportunity for success.
- People who are able to sustain recovery can experience healthy, meaningful and productive lives.

SUCCESS



what people think  
it looks like

SUCCESS



what it really  
looks like



# What is Accessto Recovery (ATR)?

- 4 year federal grant awarded to the Utah Division of Substance Abuse and Mental Health (DSAMH) from October 2011 to September 2014.
- ATR offers choice of providers and services.
- ATR emphasized non-traditional community services
- Implemented in Salt Lake, Weber, Utah Counties.
- Led to the development of many important initiatives to develop recovery support services within Utah.

# ATR Principles

- Voluntary
- Client centered
- Focused on recovery support services (RSS)
- client choice (services and providers)

# Eligibility

Eligible participants reside in Salt Lake, Utah or Weber County, have an substance use disorder and are:

1. **National Guard Members and their Families** or Significant Other
2. Referred from Primary Health Care Providers, or Other Health Care Entity
3. Referred from Faith-Based Organizations, or
4. Self-referred, and
5. Shall not be subject to a court order or condition of probation that dictates a specific treatment or recovery support service, and
6. Do not have the ability to pay for services

# Military stressors may exasperate substance use and related disorders.

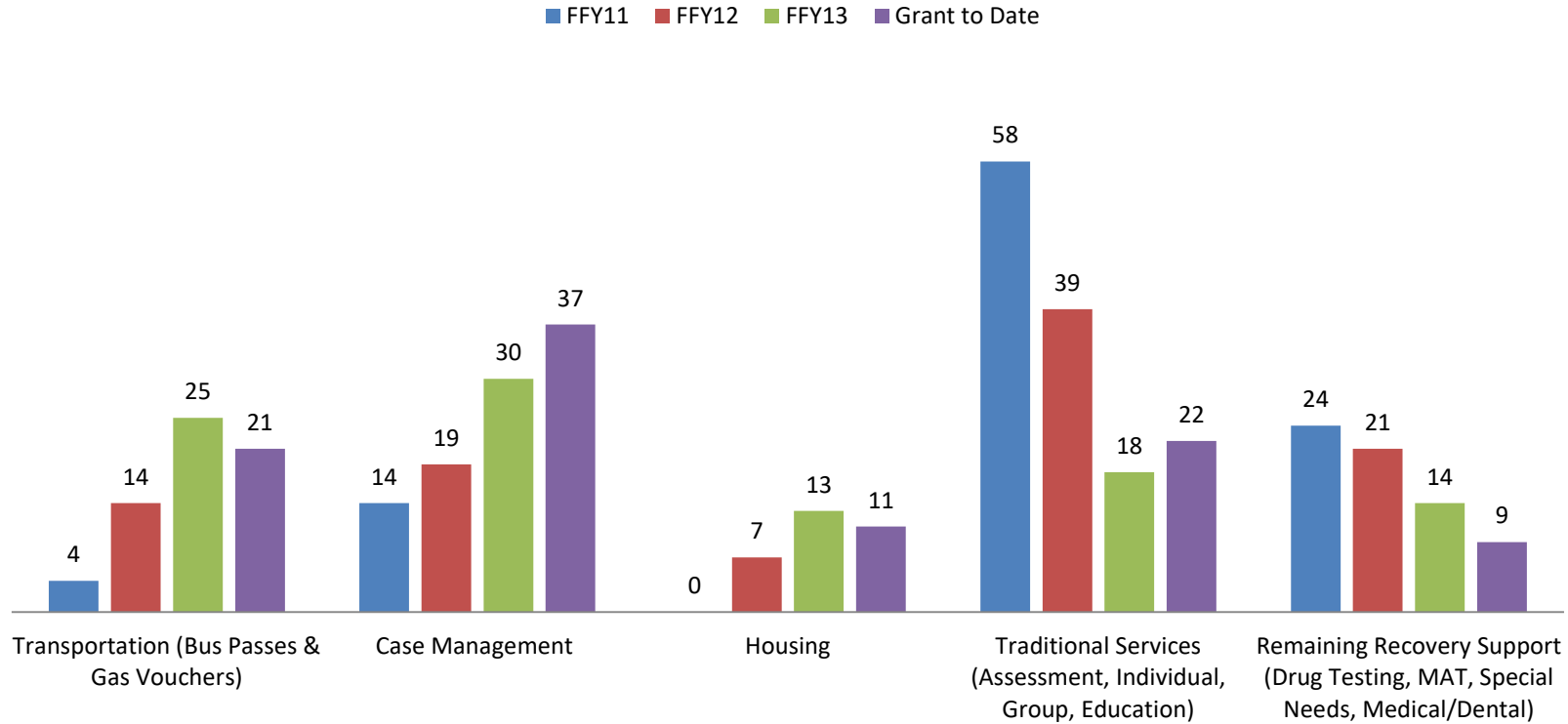
- Approximately 18.5% of service members returning from Iraq or Afghanistan have PTSD or depression, and 19.5% report experiencing a traumatic brain injury during deployment.
- Approximately 50% of returning service members seek mental health treatment; however, only slightly more than half receive adequate care.
- Between 2004 and 2006, 7.1% veterans met the criteria for a substance use disorder.
- Mental and substance use disorders caused more hospitalizations among veterans in 2009 than any other cause. – 70% of homeless veterans also experience a substance use disorder. (CADCA)

# ATR Outcomes

- **Individuals received vouchers that could be used for services.**
- **Served 4,803 individuals between 2011-2014**
- **Average cost per case of \$645 per individual.**
- **15% increase in alcohol and drug abstinence**
- **55% increase in employment**
- **29% increase in stable housing**

# ATR Services

## ATR Spending by Category



# System Improvements related to ATR Experience

- 101 licensed Recovery residences
- Certified Peer Support Specialists – ARCHES
- Support for Recovery Community Centers – USARA
- Recovery Communities on College campuses
- Supported employment initiatives - FSH
- PATR- ATR for Parolees

# SB 96 Medicaid Expansion

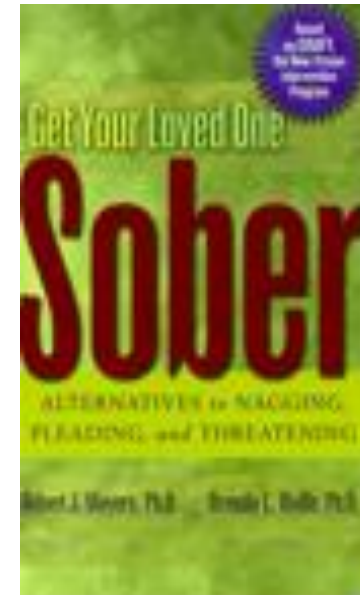
Expansion Plan Provisions	Bridge	Per Capita Cap	Fallback	Full Expansion
Timeline	Effective April 1, 2019	Upon CMS Approval (Submit Waiver to CMS Spring 2019)	Upon CMS Approval (Submit Waiver to CMS by March 15, 2020)	July 1, 2020 (if needed)
Federal Poverty Level	100%	100%	138%	138%
Authority	Waiver	Waiver	Waiver	State Plan
Presumptive Eligibility (PE)	Yes	No Hospital PE	No Hospital PE	Yes
Self-Sufficiency Requirement (Work Requirement)	Yes (effective January 1, 2020)	Yes	Yes	No
Authority to Cap Expansion Enrollment	Yes	Yes	Yes	No
Lock-out for Program Requirements/Violations	No	Yes	Yes	No
Require Enrollment in Employer's Plan with Premium Reimbursement	Yes (effective January 1, 2020)	Yes	Yes	No
12-month Continuous Eligibility	No	Yes	No	No
Use Federal Funds for Housing Supports	No	Yes	No	No
Use of Federal Funds Limited by Per Capita Cap	No	Yes	No	No
Benefit Plan for Adults Without Dependent Children	Traditional Medicaid	Traditional Medicaid	Traditional Medicaid	ABP Traditional
Benefit Plan for Parents	Non-Traditional Medicaid	Non-Traditional Medicaid	Non-Traditional Medicaid	ABP Traditional
Early and Periodic Screening, Diagnostic and Treatment (EPSDT)	No	No	No	Yes
Dental Benefits	Emergency Only	Emergency Only	Emergency Only	Emergency Only
Funding (% federal/% state)	70/30	90/10	90/10	90/10
Counties Provide Match for Behavioral Health	No	No	No	No
Delivery System	Before January 1, 2020 – Generally Fee for Service After January 1, 2020 – Managed Care Except Rural Counties	Before January 1, 2020 – Generally Fee for Service After January 1, 2020 – Managed Care Except Rural Counties	Managed Care (except Rural Counties)	Managed Care (except Rural Counties)



# USARA Family Training

## Community Reinforcement Approach and Family Training (CRAFT)

- 12 sessions based on “Get your Loved One Sober” Robert J. Meyers, Ph.D. and Brenda L. Wolfe Ph. D.
- Teaches family members effective strategies for self care, so they may affect their loved one’s behavior by changing the way the family interacts.
- Focus on Problem solving
- Skills based lessons
- Active role play during sessions
- Practice opportunities and assignments between sessions
- Free- <https://www.myusara.com/support/craft/>
- Available in Salt Lake, Provo, Clearfield, Ogden,, Vernal, Price, and St. George.





# Resources

Utah Division of Substance Abuse & Mental Health:

- <https://dsamh.utah.gov/>

Treatment Locator:

- <http://findtreatment.samhsa.gov>

Online Screening System.

- <https://healthymindsutah.org/>

Use Only As Directed:

- <https://useonlyasdirected.org/>

Utah Sharp Survey Reports

- <https://dsamh.utah.gov/reports/sharp-survey>

A Head Start on Treating Our Nation's Opioid Epidemic

- <https://www.nhsa.org/Head-Start-on-Opioid-Epidemic>